

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060628

1. Entity Name
J & L GOLF SHOP, INC.



FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90763 020 ***150.00

Principal Place of Business
12650 BUTTONBUSH PLACE
BONITA SPRINGS FL 34135

Mailing Address
12650 BUTTONBUSH PLACE
BONITA SPRINGS FL 34135



2. Principal Place of Business

12870 TRADEWAY FOUR
Suite, Apt. #, etc.
110

3. Mailing Address

12870 TRADEWAY FOUR
Suite, Apt. #, etc.
110

City & State

BONITA SPRINGS

City & State

BONITA SPRINGS

Zip

34135

Country

USA

Zip

34135

Country

4. FEI Number 06-1623060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VANCURA, LINDA

12650-BUTTONBUSH PLACE
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

LINDA VANCURA

Street Address (P.O. Box Number is Not Acceptable)

12870 TRADEWAY FOUR # 110

City

BONITA SPRINGS

FL

Zip Code

34135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME VANCURA, LINDA ☐ Delete
STREET ADDRESS 12650 BUTTONBUSH PLACE
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE PRESIDENT ☐ Delete
NAME VANCURA, LINDA
STREET ADDRESS 12650 BUTTONBUSH PL
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03

Date

239-949-7009

Daytime Phone #

CR2E034 (10/02)